

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004838

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 327

Primary Registration District No. 4497

Registrar's No. 8

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

Shelby

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clarence

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Family Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Shelby

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Clarence

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Dannie Levan Hendricks

4. DATE OF DEATH

Month

Day

Year

Jan 24, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 6, 1962

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HRS

Months

Days

Hours

Min.

3

18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Clarence, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ellis Hendricks

13b. MOTHER'S MAIDEN NAME

Marry Patton

14. NAME OF HUSBAND OR WIFE

Marry Hendricks Clarence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause please)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE BRONCHIAL PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

1 Day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

STRANGULATION by VOMITUS

5 minutes

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from OCT 6, 1962 to JAN 24, 1963 and last saw him alive on JAN 2, 1963
Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Greening Clarence, Mo.

1-30-63

Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1420

21020

3

4 0

5 0

6

7 0

8 0

9491X

10

11

12 90-2

13 3-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 689
working under my personal supervision.

Student

William L. Learning
Signature of Student Embalmer

Signed

Charles C. Learning

Licensed Embalmer No.

4825

P. O. Address

Clarence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Not Licensed - MA

20-05-1